

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/21/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G141</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/18/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1433 NORTHGATE ROAD, NW WASHINGTON, DC 20012</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	<b>INITIAL COMMENTS</b>  On 11/12/08 at 8:35 AM the Residential Director (RD) for Metro Homes called to report that Client #1 had been admitted into the hospital on November 11, 2008 due to sustaining a leg injury. According to the RD, an x-ray of the injury revealed that the client had a broken femur. Reportedly, staff was trying to put on the clients TED Stockings and heard her leg snap. The staff reported that she leaned on the client, due to the difficulty with applying the stocking, which most likely caused the injury. The RD indicated that the employee was placed on administrative leave pending the outcome of the investigation.  An on-site investigation was initiated on November 18, 2008. The findings of the investigation were based on interviews with administrative and direct care staff and review of medical, clinical, and administrative records including incident reports	W 000	<b>W 192</b>  All staff was re trained in the application and the protocol for Ted Hose stockings. In the future the QMRP and nurses will ensure that staff is supervised to monitor if the protocol and safety guidelines are being followed.  See attached Ted Hose Stocking Protocol and Training Record.	11/24/08	
W 192	<b>483.430(e)(2) STAFF TRAINING PROGRAM</b>  For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure effective training with regard to the application of TED stockings for Client #1.  The finding includes:  On 11/12/08 at 8:35 AM the Residential Director (RD) for Metro Homes called to report that Client #1 had been admitted into the hospital on November 11, 2008 due to sustaining a leg injury.	W 192			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 192	<p>Continued From page 1</p> <p>According to the RD, an x-ray of the injury revealed that the client had a broken femur. Reportedly, staff was trying to put on the clients TED Stockings and heard her leg snap. The staff reported that she leaned on the client, due to difficulty with applying the stocking, which most likely caused the injury. The RD indicated that the employee was placed on administrative leave pending the outcome of the investigation.</p> <p>Review of the facility's unusual incident report on November 18, 2008 dated November 11, 2008 (completed by the staff person assisting the client) verified the RD's statement. Although the facility's training documentation reflected that the staff had been inserviced on October 25, 2008, regarding "dressing of the individuals including TED stockings protocol," the facility failed to show evidence that the training was effective. It should be noted that the staff in question was present for the aforementioned training.</p>	W 192			

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## Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD03-0104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/18/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1433 NORTHGATE ROAD, NW WASHINGTON, DC 20012</b>		
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Health Regulation Administration

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STATE FORM

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6890

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